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#### FEC FORM 2

#### STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)						
	Loeffler, Kelly, , ,  (b) Address (number and street)	ПС	Check if addre	ee changed		2. Candidate's FEC Identification Number	
	PO Box 11623		neck ii addre	ss changed		S0GA00526	
	(c) City, State, and ZIP Code					3. Is This New Amende	ed
	Atlanta		G/	3035	5	Statement (N) OR (A)	
4.	Party Affiliation	5. Office Soug	ght			trict of Candidate	
	REPUBLICAN PARTY	Senate	!		GA	00	
	DI	SIGNATIO	N OF PR	INCIPAL	CAMPAIGN	N COMMITTEE	
7.	I hereby designate the following na	med political co	ommittee as n	ny Principal (	Campaign Comr	mittee for the $\frac{2020}{\text{(year of election)}}$ election(s).	
	NOTE: This designation should be	filed with the ap	opropriate offi	ce listed in t	ne instructions.		
	(a) Name of Committee (in full)	Loofflor					
	Georgians for Kelly	Loemer					
	(b) Address (number and street) PO Box 11623						
	(c) City, State, and ZIP Code						
	Atlanta				GA	30355	
	DE	SIGNATIO	N OF OT	HER AU	THORIZED	COMMITTEES	
		(	Including Joir	nt Fundraisin	g Representativ	res)	
	•	ned committee	, which is NO	T my princip	al campaign con	nmittee, to receive and expend funds on behalf of my	/
	candidacy.						
	NOTE: This designation should be	filed with the pr	incipal campa	aign committ	ee.		
	(a) Name of Committee (in full)						
	Senate Georgia Ba	ttleground	l Fund				
	(h) Address (number and street)						
	(b) Address (number and street) PO Box 60148						
	(c) City, State, and ZIP Code						
	Washington				DC	20039	
	I certify that I have exa	amined this Sta	tement and to	the best of	my knowledge a	and belief it is true, correct and complete.	
Sig	nature of Candidate					Date	
Lo	effler, Kelly, , ,			[Floo	tronically Filed]	09/03/2020	
				[Elec	гопісану ғ неаз	55,75,252	
NO	TE: Submission of false, erroneous	, or incomplete	information n	nay subject t	he person signir	ng this Statement to penalties of 2 U.S.C. §437g.	

FEC FORM 2 (REV. 02/2009)

#### : 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DC F HZ G7 < 98 I @ 'C F' + H9 A = N5 H + C B

Form/Schedule: F2A Transaction ID:

2020 Special Election.

Form/Schedule: Transaction ID:

FEC Form 2S (Revised 02/2017)

# Optional Supplemental Page for Designation of Additional Authorized Committees

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### **DESIGNATION OF OTHER AUTHORIZED COMMITTEES**(Including Joint Fundraising Representatives)

8.	hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. <b>NOTE</b> : This designation should be filed with the principal campaign committee.						
	(a) Name of Committee (in full)						
	Team Loeffler						
	(b) Address (number and street) 824 S Milledge Ave Ste 101						
	(c) City, State, and ZIP Code						
	Athens	GA	30605				
8.	I hereby authorize the following named committee, which is NOT my principal candidacy. <b>NOTE</b> : This designation should be filed with the principal camp						
	(a) Name of Committee (in full)						
	Cornyn Loeffler Victory						
	(b) Address (number and street) 824 S Milledge Ave Ste 101						
	(c) City, State, and ZIP Code						
	Athens	GA	30605				
8.	I hereby authorize the following named committee, which is NOT my principle candidacy. NOTE: This designation should be filed with the principal camp  (a) Name of Committee (in full)  Loeffler Victory Committee  (b) Address (number and street) 824 S Milledge Ave Ste 101						
	(a) City Otata and TID Code						
	(c) City, State, and ZIP Code Athens	GA	30605				
8.	8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE: This designation should be filed with the principal campaign committee.  (a) Name of Committee (in full)  THE FOUNDERS COMMITTEE  (b) Address (number and street) 1305 W 11TH ST #213  (c) City, State, and ZIP Code						
	HOUSTON	TX	77008				

FEC Form 2S (Revised 02/2017)

# Optional Supplemental Page for Designation of Additional Authorized Committees

Page	4	of	4

**DESIGNATION OF OTHER AUTHORIZED COMMITTEES** 

	(Including Joint Fundraising Representatives)					
8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my					
	candidacy. NOTE: This designation should be filed with the principal campaign committee.					
	(a) Name of Committee (in full)					
	SENATE FIREWALL 2020					
	(b) Address (number and street) 1305 W 11TH ST #213					
	(c) City, State, and ZIP Code					
	HOUSTON TX 77008					
8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. <b>NOTE</b> : This designation should be filed with the principal campaign committee.					
	(a) Name of Committee (in full)					
	(b) Address (number and street)					
	(c) City, State, and ZIP Code					
8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. <b>NOTE</b> : This designation should be filed with the principal campaign committee.					
	(a) Name of Committee (in full)					
	(b) Address (number and street)					
	(c) City, State, and ZIP Code					
8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. <b>NOTE</b> : This designation should be filed with the principal campaign committee.					
	(a) Name of Committee (in full)					
	(b) Address (number and street)					
	(c) City, State, and ZIP Code					